DEPARTMENT © E HOMELAND SECURITY U.S. © OAST © UARD CGAUX 43 (3-03)

## UNITED STATES COAST GUARD AUXILIARY MARINE DEALER VISITATION PROGRAM

VISIT RECORD

To be completed for each visit. When a change is needed, the CG-5093 must also be submitted. Submit report according to District policies and procedures. ALL VISITS MUST ALSO BE REPORTED ON MISSION ACTIVITY REPORT CGAUX-26.

Date of Visit	DEALERSHIP NAME	MAILING ADDRESS OF DEALER	DE0 ISSI	JED	DEALER		/
VISIL			YES	NO	ACTION	YES	NO
					Receiving USCG mailing		
					Desires to receive mailing		
	Name of Contact				Desires follow-up visits or literature		
				F	Receiving USCG mailing		
					Desires to receive mailing		
	Name of Contact				Desires follow-up visits or literature		
					Receiving USCG mailing	Allaharan.	S. W. Charles
					Desires to receive mailing		
	Name of Contact				Desires follow-up visits or literature		
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	Name of Contact				Desires follow-up visits or literature		
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					Desires to receive mailing		
	Name of Contact				Desires follow-up visits or literature		
					Receiving USCG mailing		
					Desires to receive mailing		
	Name of Contact				Desires follow-up visits or literature		
MEMBER NU	JMBER SIGNA	ATURE:	al transcription		DATE MM DI	D YY	1
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## **MARINE DEALER VISITATION PROGRAM - CGAUX-43**

- A. GENERAL This form is used to record Marine Dealer Visits made by Marine Dealer visitors. Up to 7 visits may be recorded on this form.
- B. DATE OF VISIT Enter date of visit in MM/DD/YY format.
- **C. DEALERSHIP NAME** Enter dealership name in the two lines provided. Enter contact person's name on the third line.
- D. MAILING ADDRESS OF DEALER Enter the address of the dealer visited on the lines provided.
- E. **DECAL ISSUED YES/NO** Check the appropriate box.
- F. DEALER ACTION YES/NO Enter a check mark in each of the three boxes for each dealer entry.
  - 1. Receiving CG mailings?
  - 2. Desires to receive mailings?
  - 3. Desires follow-up visit or literature?
- G. MEMBER NUMBER Enter the MDV's member number.
- H. SIGNATURE Signature of the MDV.
- I. DATE Enter the reporting date in MM/DD/YY format. Use 5 or 9 digit postal ZIP code.